

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

February 12, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Gas N Shop Inc. d.b.a. Git N Split requesting that Jess Vetrovsky be approved as the manager of the following Git N Split liquor licenses.

3201 West 'O' 1545 Cornhusker 2801 'O' 5560 South 48th
4401 North 27th 951 West 'O'

Background information on the applicant is as follows:

Jess Vetrovsky was born in Odell, Nebraska. He attended Beatrice High School graduating in 1972.

Mr. Vetrovsky served in the United States Armed Forces 1972 – 1974 receiving an honorable discharge.

Jess Vetrovsky has been employed at Gas n Shop since 1977. He is scheduled for RHC training 2-14-08.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: GNS, INC.

Gas N Shop Inc

Premise information

Premise License Number: 66556

Premise Trade Name/DBA: GNS

Premise Street Address: 345 WEST "O" STREET

City: LINCOLN State: NEBR. Zip Code: 68528

Premise Phone Number: 402-435-2022

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Larry W. Coffey
CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



0800002481

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Vetrovsky First Name: Jess MI: D

Home Address (include PO Box if applicable): 200 South LaSalle

City: Beatrice State: NE. Zip Code: 68310

Home Phone Number: 402-228-1521 Business Phone Number: 402-475-1101

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Odell, Nebraska

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Vetrovsky First Name: Cynthia
MI: L

Social Security Number _____ Drivers License Number & State _____

Date Of Birth: _____ Place Of Birth: Palmer, Nebraska

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM TO		CITY & STATE	YEAR FROM TO	
Beatrice, NE	1974	1980	Grand Island, NE.	1978	1985
Hastings, NE.	1980	1985	Rock Springs, WY	1985	1997
Beatrice, NE	1985	2008	Grand Island, NE.	1997	1999
			Beatrice, NE	1999	2008

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1988	1995	Self Employed (Brass Rail)	Self	
1995	2008	Gas 'N Shop, Inc./Git N Split	Larry Coffey	402-475-1101

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES

☐ NO

If yes, please explain below or attach a separate page.

DWI 1978 Jess

DWI 1979 Jess

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.

☒ YES

☐ NO

*Gas 'N Shop - Several license
Brass Rail - Beatrice, NE.*

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and PROPER FEES with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO

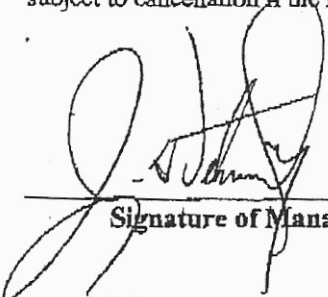
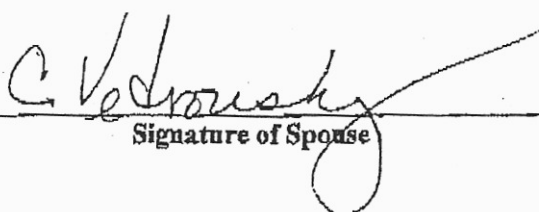
PRINTS ON FILE

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.


The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.


Signature of Manager Applicant
Signature of Spouse


State of Nebraska

County of LancasterCounty of LancasterThe foregoing instrument was acknowledged before me this January 14, 2008 byThe foregoing instrument was acknowledged before me this January 14, 2008 by
Notary Public signature
Notary Public signature

Affix Seal Here

 GENERAL NOTARY-State of Nebraska
SUE A. SMETTER
My Comm. Exp. June 28, 2009

Affix Seal Here

 GENERAL NOTARY-State of Nebraska
SUE A. SMETTER
My Comm. Exp. June 28, 2009

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

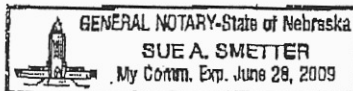
Revised 5/2007

**NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION**

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

C. Vedrovsky
Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 14 day
of January 2008



Sue A. Smetter
Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

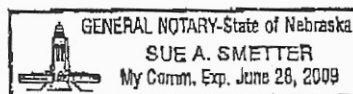
J. D. Vedrovsky
*Signature of applying individual
(spouse of individual listed above)

Jess D. Vedrovsky
Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 14 day
of January 2008

Sue A. Smetter
Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit



FORM 35-4178
REV 9/05

(spouse of individual listed above)

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Office Use

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JAN 15 2007

NEBRASKA LIQUOR
CONTROL COMMISSION

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- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: GNS, INC. Gas N Shop Inc

Premise information

Premise License Number: 16360


Premise Trade Name/DBA: GIT'N SPLIT

Premise Street Address: 3201 WEST "O" STREET

City: LINCOLN State: NEBRASKA Zip Code: 68528

Premise Phone Number: 402-474-7569

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.


CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



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jc

Corporation/LLC information

Name of Corporation/LLC: ~~CNS, INC.~~

Gas N Shop Inc

Premise information

Premise License Number: 16361

Premise Trade Name/DBA: GIT'N SPLIT

Premise Street Address: 1545 CORNHUSKER HWY

City: LINCOLN

State: NEBRASKA

Zip Code: 68521

Premise Phone Number: 402-435-7301

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Larry W. Coffey

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



0800001465

**MANAGER APPLICATION
INSERT - FORM 3c**

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301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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JAN 15 2001

NEBRASKA LIQUOR
CONTROL COMMISSION

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- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: GNS, INC. Gas N Shop Inc

Premise information

Premise License Number: 16363


Premise Trade Name/DBA: GIT'N SPLIT

Premise Street Address: 2801 "O" STREET

City: LINCOLN State: NEBRASKA Zip Code: 68510

Premise Phone Number: 402-435-6621

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CORPORATE OFFICER'S SIGNATURE
(Faxed signatures are acceptable)



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JAN 15 2006

NEBRASKA LIQUOR
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- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: ~~GNS, INC.~~

Gas N shop Inc

Premise information

Premise License Number: 18894

Premise Trade Name/DBA: GIT'N SPLIT

Premise Street Address: 5560 SOUTH 48TH STREET SUITE 1


City: LINCOLN

State: NEBRASKA

Zip Code: 68516

Premise Phone Number: 402-421-6146

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.


CORPORATE OFFICER'S SIGNATURE
(Faxed signatures are acceptable)



0800001466

**MANAGER APPLICATION
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Office Use

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JAN 16 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

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- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: ~~GNS, INC.~~ Gas N Shop Inc.

Premise information

Premise License Number: 28201


Premise Trade Name/DBA: GIT'N SPLIT

Premise Street Address: 4401 NORTH 27TH STREET

City: LINCOLN State: NEBRASKA Zip Code: 68521

Premise Phone Number: 402-435-6222

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.


CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



0800001468

**MANAGER APPLICATION
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301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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JAN 15 2007

NEBRASKA LIQUOR
CONTROL COMMISSION

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- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: GNS, INC.

Gas 'N Shop Inc

Premise information

Premise License Number: 65411

Premise Trade Name/DBA: GIT'N SPLIT

Premise Street Address: 951 WEST "O" STREET

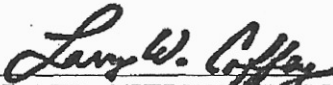
City: LINCOLN

State: NEBRASKA

Zip Code: 68528

Premise Phone Number: 402-474-5884

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(Faxed signatures are acceptable)

